FEC

STATEMENT OF

FORM 1		ORGANIZA	ATION				
		(See instruction	ns)			Office use only	
NAME OF COMMITTEE (in f	ull) X	(Check if name is changed)	Example: If typy over the lines	ying, type	2FE4M5		
OCEAN CHAM	PIONS POLITIC	CAL ACTION COM	MITTEE				
ADDRESS (number and s	treet) 202	SAN JOSE AVEN	IUE				
(Chapte if addre		11111					
(Check if addre is changed)		PITOLA			ÇA] [95010	
			CITY	ST	ATE▲	ZIP C	ODE 📥
COMMITTEE'S E-MAII							
info@oceancha							шшш
							
COMMITTEE'S WEB F	PAGE ADDRESS	(URL)					
None	1111						
		11111			1111		
COMMITTEE'S FAX N	UMBER						
ىيا لىيا	للا ل						
2. DATE 0 1	/ D D /	[°] 2007					
3. FEC IDENTIFICA	ΓΙΟΝ NUMBER		C C00393769				
4. IS THIS STATEM	ENT NE	W (N) OR	X AME	NDED (A)			
I certify that I have examin	ned this Statement a	nd to the best of my kno	wledge and belief it is	true, correct and co	mplete		_
Type or Print Name of	reasurer	David Wilmot					
Signature of Treasurer	Electronically F	iled by David Wil l	not	Dat	e 01	25	2007
NOTE: Submission of fals				-			S437g.
	ANY CH	IANGE IN INFORMA	TION SHOULD BE	REPORTED WITI	HIN 10 DAY	S	
Office Use Only			Federal Ele	r information conta ection Commission 00-424-9530	act:	FEC FC (Revised C	

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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate					
	Party Affiliation Sought: House Senate President	State				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate					
		ocratic, blican,etc.) Party.				
6.	Name of Any Connected Organization or Affiliated Committee					
	Ocean Champions					
L						
	Mailing Address 202 San Jose Avenue					
	Capitola CA Spirit CA Spir	10 –				
	CITY STATE ZI	P CODE A				
	Relationship Connected Organizati					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organization					
	X Membership Organization Trade Association Cooperative					

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Write or Type Committee Name

	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	David Wilmo	;					
Mailing Addre		202 San Jose Avenue					
	<u> </u>	Capitola	CA	95010			
Title or Position	on 🔻	CITY A	STATE▲	ZIP CODE ▲			
	Treasurer		Telephone number				
Treasurer:	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
Full Name of Treasurer	David Wilmo	vid Wilmot					
Mailing Addre		202 San Jose Avenue					
	<u> </u>	Capitola	CA	95010			
Title or Position	on 🔻	CITY A	STATE▲	ZIP CODE A			
Title or Positio	on ♥ Treasurer		STATE ▲ Telephone number	ZIP CODE A			
Full Name of Designated Agent				ZIP CODE A			
Full Name of Designated	Treasurer			ZIP CODE A			
Full Name of Designated Agent	Treasurer			ZIP CODE A			
Full Name of Designated Agent	Treasurer SSS			ZIP CODE A			

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9.	Banks or Other Depositories: safety deposit boxes or maintain	·	nts, rents
	Name of Bank, Depository, etc.		
	Wells F	argo Bank	
	Mailing Address	7701 Soquel Drive	
		Aptos CA 950	003 _

STATE △

ZIP CODE △

CITY 🛆